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|--|----------------|-----------------------|---|----------------------------|--|--|------------------|---------|-------------------------|------------------|
| EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment | | | | | | Work Assignment Number 2-27 | | | | |
| | | | | | | <input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001 | | | | |
| Contract Number EP-D-14-032 | | | Contract Period 09/16/2014 To 09/15/2017 | | | Title of Work Assignment/SF Site Name | | | | |
| | | | Base Option Period Number 2 | | | BenMAP-CE-INTERNATIONAL | | | | |
| Contractor INDUSTRIAL ECONOMICS, INCORPORATED | | | | | Specify Section and paragraph of Contract SOW 12, 14 | | | | | |
| Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval | | | | | Period of Performance From 09/16/2016 To 09/15/2017 | | | | | |
| Comments: The work plan and cost estimate dated 10/6/2016 have been received, reviewed, and are hereby approved for 1,386 hours and \$217,132. No previously performed work shall be duplicated. | | | | | | | | | | |
| <input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund | | | | | | | | | | |
| SFO <input type="checkbox"/> (Max 2) Note: To report additional accounting and appropriations date use EPA Form 1900-69A. | | | | | | | | | | |
| Line | DCN (Max 6) | Budget/FY (Max 4) | Appropriation Code (Max 6) | Budget Org/Code (Max 7) | Program Element (Max 9) | Object Class (Max 4) | Amount (Dollars) | (Cents) | Site/Project (Max 8) | Cost Org/Code |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| Authorized Work Assignment Ceiling | | | | | | | | | | |
| Contract Period: | | Cost/Fee: \$0.00 | | LOE: 0 | | | | | | |
| 09/16/2014 To 09/15/2017 | | | | | | | | | | |
| This Action: | | \$195,441.36 | | 1,386 | | | | | | |
| | | | | | | | | | | |
| Total: | | \$195,441.36 | | 1,386 | | | | | | |
| Work Plan / Cost Estimate Approvals | | | | | | | | | | |
| Contractor WP Dated: 10/06/2016 | | Cost/Fee \$195,441.36 | | LOE: 1,386 | | | | | | |
| Cumulative Approved: | | Cost/Fee \$195,441.36 | | LOE: 1,386 | | | | | | |
| Work Assignment Manager Name Neal Fann _____ (Signature) (Date) | | | | | | Branch/Mail Code: | | | | |
| | | | | | | Phone Number: 919-541-0209 | | | | |
| | | | | | | FAX Number: | | | | |
| Project Officer Name Carolyn Blake _____ (Signature) (Date) | | | | | | Branch/Mail Code: | | | | |
| | | | | | | Phone Number: 919-541-5256 | | | | |
| | | | | | | FAX Number: | | | | |
| Other Agency Official Name _____ (Signature) (Date) | | | | | | Branch/Mail Code: | | | | |
| | | | | | | Phone Number: | | | | |
| | | | | | | FAX Number: | | | | |
| Contracting Official Name Natalia Fisher-Jackson _____ (Signature) (Date) | | | | | | Branch/Mail Code: | | | | |
| | | | | | | Phone Number: 919-541-3564 | | | | |
| | | | | | | FAX Number: | | | | |